

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

Page 1 of 9

Incident Information

URN: 4 0 6 - 0 3 7 8 5 - 0 9 7 7 - 1 4 5		Date: 6/6/06	Time: 1840
Location: [REDACTED] Palm Av		City or Station: West Hollywood	
Bureau/Station/Facility: West Hollywood Station		Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Type of Force: Significant/Take Down/Resisted Handcuffing			
Deputy Injury: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Person Notified: Lt Lee	Emp #: [REDACTED]
Suspect Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Fractured Left Elbow		IAB Roll Out: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

Involved Employee

E1

Employee # [REDACTED]		Last Name: Atabaki		First Name: Bahman		Middle Name: NMN	
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: West Hollywood Station		Work Assignment (Unit #, Module, etc.): 91B1			
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: 45	Height: 509	Weight: 178			
Medical Exam / Treatment: <input type="checkbox"/>		Photos of Employee: <input type="checkbox"/> N/A <input type="checkbox"/>		Coroner Case #		Directed Force <input type="checkbox"/>	
If Admitted, Name of Hospital:						Significant Force <input type="checkbox"/>	

Statement: Dep Atabaki said he responded to the location with his partner (Dep Whipple) regarding a disturbance between two women. Dep Atabaki said the location was a second floor apartment. When he arrived at the apartment door [REDACTED] which [REDACTED] he said he heard two women shouting profanity at each other inside.

Dep Atabaki said he stood at the door and knocked repeatedly, while at the same time announcing "Sheriff's Department". After a few moments Dep Atabaki said S/Frazier opened the door, lunged at him, and punched him one time in the face with her right hand. After punching him, Dep Atabaki said S/Frazier wrapped her arms around him and began to push him toward the

Statement continue: ☒

E2

Employee # [REDACTED]		Last Name: Whipple		First Name: John		Middle Name: NMN	
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: West Hollywood		Work Assignment (Unit #, Module, etc.): 91B1			
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: 39	Height: 603	Weight: 260			
Medical Exam / Treatment: <input type="checkbox"/>		Photos of Employee: <input type="checkbox"/> N/A <input type="checkbox"/>		Coroner Case #		Directed Force <input type="checkbox"/>	
If Admitted, Name of Hospital:						Significant Force <input type="checkbox"/>	

Statement: Dep Whipple said he responded to the location with his partner (Dep Atabaki) regarding a disturbance between two females. Upon approaching the location he said he heard two women screaming at each other.

After repeatedly knocking on the door, Dep Whipple said S/Frazier quickly opened the door. Dep Whipple said S/Frazier immediately advanced toward Dep Atabaki and stated, "It's on bitch". He said S/Frazier then punched Dep Atabaki once in the face.

After punching Dep Atabaki in the face, Dep Whipple said S/Frazier wrapped her arms around Dep Atabaki and began to push him toward the staircase leading to the first floor. Dep Whipple said he immediately positioned himself between the staircase and Dep Atabaki. As S/Frazier was pushing forward on Dep Atabaki, Dep Whipple said all three of them fell to the ground.

Statement continue: ☒

On Duty Supervisor

Emp. # [REDACTED]	Last Name: Mathers	First Name: Patrick	Middle Name: NMN	Rank: Sgt	Present: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Witness to Incident: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. #	Last Name	First Name	Middle Name	Rank	Present: YES <input type="checkbox"/> NO <input type="checkbox"/>	Witness to Incident: YES <input type="checkbox"/> NO <input type="checkbox"/>

Watch Sergeant

Emp. # [REDACTED]	Last Name: Mathers	First Name: Patrick	Middle Name: NMN
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Watch Commander

Emp. # [REDACTED]	Last Name: Walker	First Name: Rudolph	Middle Name: NMN
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Rudolph Walker

Watch Commander (Print Name)

Patrick Mathers

Supervisor Completing Form: (Print Name)

David J Long, Captain

Unit Commander (Print Name)

DISCOVERY Use Only

FO# 2175024

Watch Commander's Signature: [Signature]

Emp #: [REDACTED] Date: 7/15/06

Sgt Mathers

Emp. # [REDACTED] Copy Provided to Employee by: [REDACTED]

Emp #: [REDACTED]

Unit Commander's Signature: [Signature]

Emp #: [REDACTED] Date: 7/17/06

Supervisor's Report on Use of Force

URN: 4 0 6 - 0 3 7 8 5 - 0 9 7,7 - 1 4 5

Page 2 of 9

Continuation Page

Check One

- | | | |
|---|---|---|
| <input type="checkbox"/> Employee Witness | <input checked="" type="checkbox"/> Involved Employee | <input type="checkbox"/> Supervisor's Review |
| <input type="checkbox"/> Non - Employee Witness | <input type="checkbox"/> Suspect | <input type="checkbox"/> Watch Commander Conclusion |

Last Name

Atabaki

First Name

Bahman

Middle Name

NMN

staircase.

Dep Atabaki said as S/Frazier pushed him toward the staircase, Dep Whipple positioned himself behind him and helped him to move away from the staircase. While he was holding onto S/Frazier, Dep Atabaki said S/Frazier, Dep Whipple, and himself fell to the ground.

Dep Atabaki said once S/Frazier was on the ground she continued to resist being handcuffed by kicking at him and Dep Whipple. After a few moments he said he was able to grab her right arm and Dep Whipple was able to control her left arm. Dep Atabaki said he was then able to handcuff the suspect.

Check One

- | | | |
|---|---|---|
| <input type="checkbox"/> Employee Witness | <input checked="" type="checkbox"/> Involved Employee | <input type="checkbox"/> Supervisor's Review |
| <input type="checkbox"/> Non - Employee Witness | <input type="checkbox"/> Suspect | <input type="checkbox"/> Watch Commander Conclusion |

Last Name

Whipple

First Name

John

Middle Name

NMN

Once on the ground, Dep Whipple said he was able to take hold of the suspect's left arm and Dep Atabaki was able to take hold of her right arm. Dep Whipple said the suspect was then handcuffed without further incident.

Supervisor's Report on Use of Force SUSPECT INFORMATION

URN: 406 - 03785 - 0977 - 145

Page 3 of 9

Suspect Information

S 1

Last Name		Frazier		First Name		Lisa		Middle Name		Michelle	
AKA Last Name				First Name				Middle Name			
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Race: B	Street Address: [REDACTED] Palm Av [REDACTED]				City: West Hollywood		State & Zip Code: Ca, 90069			
Work Phone: None	Home Phone: [REDACTED]	Age: 41	Height: 506	D.O.B. 11-25-64	Weight: 170	Armed? <input type="checkbox"/>					
Booking #: 9075167	Primary Charge Code: 243(B) PC		Secondary Charge Code:		Criminal History <input type="checkbox"/>						

EMT in attendance? ☒ YES ☐ NO Name: Paramedic Sourbeer Unit: LA Co Fire #7 Phone #: (310) 358-3430

EMT's Statement: Paramedic Sourbeer treated S/Frazier at the scene for a sore left elbow. Paramedic Sourbeer said he gave S/Frazier no specialized treatment for her elbow prior to her transport to Cedars Sinai Medical Center.

Hospital Admission? ☐ Rec'd Treatment At: Cedars-Sinai Medical Center Coroner Case #: Mental History ☐

By Doctor: Dr Frankle Address: 8700 Beverly Bl LA, 90048 Phone #: (310) 423-8780

Doctor's Statement: Dr Frankle said he found S/Frazier to have an altered mental status. He also found her to have a fractured left elbow. Dr Frankle said S/Frazier's condition was consistent with the amount of force reported by deputies.

Under Influence: ☐ YES ☒ NO Substance: Photos of Suspect's Injuries ☐ YES ☒ NO

Date: 06-06-06 Time: 1920 Audiotape: ☐ Videotape: ☒

Statement: S/Frazier said she had been in an altercation with her friend, [REDACTED] S/Frazier said she and [REDACTED] had begun to fight as [REDACTED] was removing braids from her hair. S/Frazier said during the fight she had hit [REDACTED] several times and [REDACTED] had defended herself by hitting her in the face.

S/Frazier said when she contacted deputies at her apartment door she was "highly excited". She further said deputies ordered her to get on the ground and stay on the ground, and she complied with their orders. S/Frazier added that when

Statement continue: ☒

S

Last Name				First Name				Middle Name			
AKA Last Name				First Name				Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Street Address:				City:		State & Zip Code:			
Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed? <input type="checkbox"/>					
Booking #:	Primary Charge Code:		Secondary Charge Code:		Criminal History <input type="checkbox"/>						

EMT in attendance? ☐ YES ☐ NO Name: Unit: Phone #:

EMT's Statement:

Hospital Admission? ☐ Rec'd Treatment At: Coroner Case #: Mental History ☐

By Doctor: Address: Phone #:

Doctor's Statement:

Under Influence: ☐ YES ☐ NO Substance: Photos of Suspect's Injuries ☐ YES ☐ NO

Date: Time: Audiotape: ☐ Videotape: ☐

Statement:

Statement continue: ☐

Supervisor's Report on Use of Force

URN: 4 0 6 - 0 3 7 8 5 - 0 9 7.7 - 1 4 5

Page 4 of 9

Continuation Page

Check One

☐

Employee Witness

☐

Involved Employee

☐

Supervisor's Review

☐

Non - Employee Witness

☒

Suspect

☐

Watch Commander Conclusion

Last Name

Frazier

First Name

Lisa

Middle Name

Michelle

she initially contacted the deputies she was feisty and may have resisted their orders. S/Frazier also said she told them not to touch her a couple of times.

S/Frazier said she did not remember hitting Dep Atabaki, and said if she had, it was not her intention to do so. S/Frazier also said she went down to the ground on her own, although one of the deputies may have nudged her. She further said one of the deputies may have grabbed her.

S/Frazier complained that her left arm hurt and she believed her right shoulder was out of its socket. S/Frazier said she could not lift her right shoulder. When asked how she received these injuries S/Frazier said she had been in "such a fight". When asked if deputies had caused any of her injuries, S/Frazier initially shook her head from side to side. After a long pause S/Frazier said one of the deputies may have twisted her arm, but then added that the deputies had treated her in an instructional and non harmful manner.

During her interview S/Frazier did not appear to have a complete recollection of the events. S/Frazier said she had smoked marijuana on and off all day, but she did not believe she was under the influence of marijuana at the time of the incident.

While interviewing S/Frazier I saw a contusion on her left eye and an abrasion below her right eye. I also saw two small abrasions on her left bicep.

Check One

☐

Employee Witness

☐

Involved Employee

☐

Supervisor's Review

☐

Non - Employee Witness

☐

Suspect

☐

Watch Commander Conclusion

Last Name

First Name

Middle Name

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

URN: 4 0 6 - 0 3 7 8 5 - 0 9 7 7 - 1 4 5

Page 5 of 9

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
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Statement:

Statement continue: ☐

Emp. #	Last Name	First Name	Middle Name
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Statement:

Statement continue: ☐**Non-Employee Witnesses**

Last Name	First Name	Middle Name	Age	D.O.B.
			41	
Street Address	City	Zip Code	Work Ph.	Home Ph.

Statement: [redacted] was interviewed at the location at 1938 hours. [redacted] said she had gone to S/Frazier's apartment to do her hair. While at S/Frazier's apartment, [redacted] said S/Frazier started to cry. [redacted] said about ten minutes later S/Frazier started talking to herself and three or four non-existent people. [redacted] said S/Frazier then started screaming and kicking doors.

During this time [redacted] said S/Frazier physically attacked her and she had to wrestle and restrain S/Frazier for approximately thirty to forty five minutes. [redacted] said S/Frazier did not recognize her and was verbally rambling. During the attack [redacted] estimated that S/Frazier had punched her fifty to sixty times.

When deputies arrived at the apartment, [redacted] said she opened the front door and S/Frazier ran out and hit a deputy in the face. [redacted] said the deputies then wrestled S/Frazier to the ground as she was kicking at them. [redacted] said she had heard deputies instruct S/Frazier to get on the ground.

Statement continue: ☐

Last Name	First Name	Middle Name	Age	D.O.B.
			53	
Street Address	City	Zip Code	Work Ph.	Home Ph.

Statement: [redacted] was interviewed at his residence at 2000 hours. [redacted] said he was the apartment's manager, and he was informed of the altercation in S/Frazier's apartment by [redacted] said he went to S/Frazier's apartment and heard scuffling and screaming. He said he knocked on the door, but no one answered. He then notified the West Hollywood Sheriff Station, and when the deputies arrived he directed them to S/Frazier's apartment. After that he went back to his apartment.

A few minutes after the deputies arrived [redacted] said he walked up the second floor landing of [redacted] apartment. While standing there approximately twenty feet away, he said he saw Deputies Atabaki and Whipple holding S/Frazier on the ground giving her instructions.

Statement continue: ☐

Supervisor's Report on Use of Force

URN: 406 - 03785 - 0977 - 145

Page 6 of 9

Non-Employee Witnesses (Continuation)

Last Name	First Name	Middle Name	Age	D.O.B.
		NMN	37	
Street Address	City	Zip Code	Work Ph.	Home Ph.
			None	

Statement: [redacted] was interviewed at her residence at 1945 hours. [redacted] said she was in her apartment when she saw deputies walk past. [redacted] said she stepped outside to the front landing to see where the deputies had gone. [redacted] said she saw S/Frazier exchange words with the deputies in front of S/Frazier's apartment, and she saw S/Frazier push Dep Atabaki. [redacted] said Dep Atabaki almost fell down the staircase. After Dep Atabaki was pushed, [redacted] said S/Frazier struggled with the deputies and flailed her arms. [redacted] said the deputies pushed S/Frazier to the ground. [redacted] said she witnessed the incident from her second floor landing approximately twenty feet from the incident.

Statement continue: ☐

Last Name	First Name	Middle Name	Age	D.O.B.
			63	
Street Address	City	Zip Code	Work Ph.	Home Ph.
			None	

Statement: [redacted] was interviewed at his residence at 1950 hours. [redacted] said there had been a huge altercation in the apartment above him. [redacted] said he had heard screaming and things being thrown around. [redacted] said when deputies arrived he stepped out to the landing in front of his first floor apartment. [redacted] said he saw a deputy move backward near the area in front of S/Frazier's apartment. He said he then saw deputies struggling with S/Frazier as they forced her to the ground in front of her apartment. [redacted] said he witnessed the incident from his front landing, which he estimated to be twelve to fifteen feet from where the incident occurred. [redacted] said his view of the incident had been obscured by the staircase railing.

Statement continue: ☐

Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.

Statement:

Statement continue: ☐

Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.

Statement:

Statement continue: ☐

Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.

Statement:

Statement continue: ☐

Supervisor's Report on Use of Force

URN: 4 0 6 - 0 3 7 8 5 - 0 9 7 7 - 1 4 5

Page 7 of 9

Supervisor's Review

Brief Synopsis:

Deputies Atabaki and Whipple responded to the location (a second floor apartment) regarding a call of a disturbance between two females. When the deputies arrived at the front door of the apartment, they both heard loud arguing coming from inside.

After they knocked repeatedly and announced "Sheriff's Department", S/Frazier opened the apartment door. S/Frazier quickly stepped out and punched Dep Atabaki once in the face with her right hand. She then wrapped her arms around Dep Atabaki and began to push him toward the staircase. Dep Whipple saw Dep Atabaki was being pushed toward the staircase, so he positioned himself between Dep Atabaki and the staircase.

As the deputies struggled with S/Frazier, who was still pushing forward on Dep Atabaki, all three of them fell to the ground. Once on the ground, S/Frazier continued to resist the deputies by kicking at them. Dep Atabaki was then able to control the suspect's right arm and Dep Whipple was able to control the left arm, as they handcuffed the suspect without further incident.

During her interview S/Frazier said she had gotten into an argument with her friend [REDACTED]. S/Frazier said during the argument she hit [REDACTED] several times, and [REDACTED] had defended herself by hitting her in the face. S/Frazier said when she contacted deputies at the apartment door she was "highly excited", and may have been "feisty" and resisted their orders. She further said the deputies told her to get on the ground, and she complied.

In her interview S/Frazier said she went down to the ground on her own, but said one deputy may have nudged her and one deputy may have grabbed her. S/Frazier did not remember punching Dep Atabaki in the face. S/Frazier complained

Continued on Page

Watch Commander Conclusion / Findings / Training Recommendation

S/Frazier's violent and assaultive actions gave rise to reasonable and necessary force by the deputies involved in this incident. S/Frazier admitted to being uncooperative and resistive when she contacted the deputies.

I found no evidence to conclude that S/Frazier's fractured elbow could be attributed to the actions of the involved deputies. S/Frazier stated she had been in a violent fight with [REDACTED] and this was corroborated by the statement of [REDACTED] stated in her interview that she had wrestled and restrained S/Frazier for thirty to forty five minutes, and she further estimated that S/Frazier had hit her fifty to sixty times.

Along with this, S/Frazier said the deputies had treated her in an instructional and unarmful manner. Furthermore, she did not attribute the injury to deputies in her interview.

Based on the totality of the circumstances, the force was objectively reasonable and within Departmental policy.

Attachments: (2) Supplemental Reports, West Hollywood Station "B" Inservice, Cedars-Sinai Medical Report, West Hollywood Station Tactical Debriefing Form, Internal Affairs Mandatory Notification Form.

Supervisor's Report on Use of Force

URN: 4 0 6 - 0 3 7 8 5 - .0 9 7 7 - 1 4 5

Page 8 of 9

Continuation Page

Check One

☐ Employee Witness

☐ Involved Employee

☒ Supervisor's Review

☐ Non - Employee Witness

☐ Suspect

☐ Watch Commander Conclusion

Last Name

Mathers

First Name

Patrick

Middle Name

NMN

that her left arm hurt and said she believed her right shoulder was out of its socket. When asked what caused her injuries, S/Frazier said she had been in "such a fight", referring to her altercation with [REDACTED] When asked if deputies had caused any of her injuries S/Frazier initially shook her head from side to side, to signify a negative response. She then paused for a few moments and said one of the deputies may have twisted her arm. S/Frazier went on to say the deputies had treated her in an instructional and non harmful manner.

When I originally interviewed Dr Frankle from Cedars-Sinai Medical Center, he stated S/Frazier had no injuries, but she had an altered mental status. When I returned to work four days after the incident, I examined S/Frazier's medical records and discovered Dr Frankle had found her to have a fractured left elbow. Based on this information Lt Lee from Internal Affairs Bureau was notified of the incident.

Check One

☐ Employee Witness

☐ Involved Employee

☐ Supervisor's Review

☐ Non - Employee Witness

☐ Suspect

☐ Watch Commander Conclusion

Last Name

First Name

Middle Name

Supervisor's Report on Use of Force

URN: 4 0 6 - 0 3 7 8 5 - 0 9 7 7 - 1 4 5

Page 9 of 9

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

FORCE APPLIED

[illegible]

**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
INTERNAL AFFAIRS BUREAU - MANDATORY NOTIFICATION FORM**

MANDATORY NOTIFICATIONS - In addition to the verbal notification to the on-call IAB lieutenant, Watch Commanders/Supervising lieutenants are also requested to complete this form and send via email to IAB's special exchange group, "IAB Mandatory Notification," whenever any of the following incidents occur (check all that apply):

Accidental discharges and shooting at animals, on or off duty.	Head injury or complaint of injury to a person's head or neck area due to force used by a Dept. member or as a result of accidental circumstances.
Significant force following a vehicular or foot pursuit.	
Canine bites resulting in medical treatment	Inmate deaths, other than obvious natural causes
Arrest of employee	Domestic Violence arrest or detention

MANDATORY NOTIFICATION AND RESPONSE - The following incidents require a notification to, and a response by, the on-call IAB lieutenant:

All incidents where deputy personnel are shot, on or off duty.	Head strikes with impact weapons.
All shootings in which a shot was intentionally fired at a person by any Dept. member, on or off duty.	Skeletal fractures.
Death following contact or an altercation with any Dept. member, on or off duty.	All large parties where force is used.
Hospitalizations due to injuries caused or allegedly caused by any Dept. member.	Any other incident at the discretion of the on-call IAB lieutenant.

Unit:	West Hollywood	Incident Date:	06/06/06	Incident Time:	1840 Hours
Location:	[REDACTED] Palm Av		City:	West Hollywood	
URN:	406-03785-0977-145	Name of IAB Lt. notified:	Lt Lee	Date:	07-09-06
				Time:	1100

DOMESTIC VIOLENCE DETENTION OR ARREST

Investigating Agency:		Agency Rpt #		Charges	
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INVOLVED LASD PERSONNEL

Status: WC = Watch Commander; IP = Involved Personnel

Status	Last Name	First Name	Rank	Emp #	UOA	Off duty/Relieved
WC	Walker	Rudolph	Sgt	[REDACTED]	WHD	
IP	Atabaki	Bahman	Dep	[REDACTED]	WHD	
IP	Whipple	John	Dep	[REDACTED]	WHD	
IP						
IP						
IP						

Status	Last Name	First Name	Rank	Emp/Bkg #	UOA	Off duty/Relieved

<u>OTHER INVOLVED PERSONS</u>			Status: S = Suspect; SJ = Subject; I/M – Inmate			
Status	Last Name	First Name	Sex	Race	Date of Birth	Booking Number
S	Frazier	Lisa	F	B	11/25/64	9075167

<u>PURSUIT</u>			
<input type="checkbox"/>	Vehicle	<input type="checkbox"/>	Foot
<input type="checkbox"/>	Both		

<u>TYPE OF SHOOTING</u>					
<input type="checkbox"/>	Accidental Discharge	<input type="checkbox"/>	Shots fired at Animals	<input type="checkbox"/>	Type of Animal
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Wounded or Killed
# of Shots Fired by each Deputy				Firearm(s) Used by each Dep.	

<u>SUSPECT INJURIES</u> (check all that apply)					
<input checked="" type="checkbox"/>	Abrasions, Bruises, Cuts	<input type="checkbox"/>	Damaged Eye	<input type="checkbox"/>	Deceased
<input type="checkbox"/>	P/Internal Injury	<input type="checkbox"/>	P/Internal Head Injury	<input checked="" type="checkbox"/>	Skeletal Fracture
<input type="checkbox"/>	Sutures Required	<input type="checkbox"/>	None Observed	<input type="checkbox"/>	Other

If treated, Hospital name	Cedars-Sinai Medical Center		
Approved for Booking (Y or N)	Y	If not, contact the on-call IAB lieutenant	

<u>SYNOPSIS</u>

Deputies Atabaki and Whipple responded to the location (a second floor apartment) regarding a call of a disturbance between two females. When the deputies arrived they heard arguing coming from inside the apartment. After they knocked on the door, Suspect Frazier opened the door and quickly stepped out and punched Deputy Atabaki once in the face. Suspect Frazier then wrapped her arms around Deputy Atabaki and began to push him toward the second floor staircase. Deputy Whipple saw this and stepped between the staircase and Deputy Atabaki and Suspect Frazier. As the deputies struggled with Suspect Frazier, all three of them fell to the ground, where the deputies handcuffed Suspect Frazier.

After the incident Suspect Frazier said her left arm hurt and she believed her right arm was out of its socket. Suspect Frazier said prior to contacting the deputies she had been in a physical confrontation with a friend [REDACTED] inside the apartment. Suspect Frazier also said she had complied with the deputies' orders to get on the ground, and she had gone to the ground on her own. When asked if deputies had caused her injuries, Suspect Frazier said she had been in "such a fight", referring to her altercation with [REDACTED]. She then shook her head from side to side, to signify a negative response. After a few moments she said the deputies may have twisted her arm. She went on to say the deputies treated her in an instructional and non harmful manner.

Dr Frankle treated Suspect Frazier at Cedars-Sinai Medical Center. When I interviewed Dr Frankle, he told me Suspect Frazier had no injuries, but had an altered mental status. When I (Sergeant Mathers) returned to work four days later, I examined the medical records for Suspect Frazier and saw Dr Frankle had later found her to have a fractured left elbow.

ACTION <input checked="" type="checkbox"/> ACTIVE		NON-CRIMINAL <input type="checkbox"/>	# OF ADULT ARRESTS 1	# OF SUBJECT DETENTIONS 0	URN # 4	06	03785	0977	145
<input type="checkbox"/> INACTIVE <input type="checkbox"/> PENDING					RETENTION	YEAR	SEQUENTIAL	REPORTING DISTRICT	STAT CODE
CLASSIFICATION 1 / LEVEL / STAT CODE									SEX OFFENSE - VICTIM INFO? YES <input type="checkbox"/> NO <input type="checkbox"/>
BATTERY ON POLICE OFFICER 243(b) PC / M / 145									DOMESTIC VIOLENCE
CLASSIFICATION 2 / LEVEL / STAT CODE									<input type="checkbox"/> NON-PERSONAL (GUN, KNIFE, ETC)
CLASSIFICATION 3 / LEVEL / STAT CODE									<input type="checkbox"/> PERSONAL (HANDS, FEET, FIST, ETC)
DATE, TIME, DAY OF OCCURRENCE									INJURY
06-06-06, 1840 HRS, TUESDAY									<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> None
LOC OF OCCURRENCE									<input type="checkbox"/> NON-CRIMINAL
PALM AVENUE, WEST HOLLYWOOD									

CODE: V-VICTIM		W-WITNESS		I-INFORMANT		R-REPORTING PARTY		P-PARTY	
CODE	# of	LNAME	FNAME	MNAME	SEX	RACE	ETHNIC ORIGIN	DOB	Age
V	1	ATABAKI	BAHMAN		M	O	IRANIAN	ADULT	45
RES ADDR		CITY		ZIP		VICTIM OF OFFENSE(S) (CLASSIFICATION) #		RES PHONE (Area Code)	
L.A. COUNTY DEPUTY SHERIFF		W. HOLLYWOOD		90069		01		310-855-8850	
BUS ADDR		CITY		ZIP		ENGLISH SPEAKING		BUS PHONE (Area Code)	
720 N. SAN VICENETE BLVD.		W. HOLLYWOOD		90069		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		310-855-8850	
CODE	# of	LNAME	FNAME	MNAME	SEX	RACE	ETHNIC ORIGIN	DOB	Age
I	1				M	W			53
RES ADDR		CITY		ZIP		VICTIM OF OFFENSE(S) (CLASSIFICATION) #		RES PHONE (Area Code)	
PALM AVENUE, [REDACTED]		W. HOLLYWOOD		90069					
BUS ADDR		CITY		ZIP		ENGLISH SPEAKING		BUS PHONE (Area Code)	
						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

CODE: S-SUSPECT		SJ-SUBJECT		M-PATIENT		SV-SUSPECT/VICTIM		SJ/V-SUBJECT/VICTIM	
CODE	# of	LNAME	FNAME	MNAME	SEX	RACE	ETHNIC ORIGIN	DOB	Age
S	1	FRAZIER	LISA	MICHELLE	F	B		11-25-64	41
RES ADDR		CITY		ZIP		VICTIM OF OFFENSE(S) (CLASSIFICATION) #		RES PHONE (Area Code)	
PALM AVENUE, [REDACTED]		W. HOLLYWOOD		90069				UNKNOWN	
BUS ADDR		CITY		ZIP		ENGLISH SPEAKING		BUS PHONE (Area Code)	
UNKNOWN						<input type="checkbox"/> YES <input type="checkbox"/> NO		UNKNOWN	
CHARGE		AKA		MONIKER		WHERE DETAINED OR CITE #		BOOKING #	
243(b) PC		NONE GIVEN		NONE		WHD		9075167	
CODE	# of	LNAME	FNAME	MNAME	SEX	RACE	ETHNIC ORIGIN	DOB	Age
RES ADDR		CITY		ZIP		VICTIM OF OFFENSE(S) (CLASSIFICATION) #		RES PHONE (Area Code)	
BUS ADDR		CITY		ZIP		ENGLISH SPEAKING		BUS PHONE (Area Code)	
						<input type="checkbox"/> YES <input type="checkbox"/> NO			

VEHICLE #	SUSPECT	STATUS	<input type="checkbox"/> IMPOUNDED	LICENSE (STATE & No.)	YEAR	MAKE	MODEL	BODY TYPE	COLOR
	VICTIM	<input type="checkbox"/> STORED	<input type="checkbox"/> OUTSTANDING						
REGISTERED OWNER				IDENTIFYING FEATURES			CHP 180 SUBMITTED		
							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
							GARAGE NAME & PH		

BY DEP	EMPLOYEE #	VACATION DATES	DEP	EMPLOYEE #	VACATION DATES
B. ATABAKI	[REDACTED]		J. WHIPPLE	[REDACTED]	
STATION	UNIT / CAR #	SHIFT	APPROVED	EMPLOYEE #	DATE
WHD	91B1	PM	SGT. C. [REDACTED]		
VICTIM DESIROUS OF PROSECUTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			ASSIGNMENT		
			WHD D.B.		
HQ NOTIFICATION REQ: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			SPECIAL REQUEST DISTRIBUTION		
SUSP / SUBJ. RELEASE APPROVED BY			TT BAC BY		
N/A					
PCD SUBMITTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			DATE		
			TIME		
			SECTY		

DATE 06-06-06	TIME RECEIVED 1840	TAG # 131	URN # 406-03785-0977-145	PAGE 02 OF 03																																
INPUT / CHECKED NCIC, CI, ETC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EVIDENCE HELD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EVIDENCE ENTERED IN: PATROL <input type="checkbox"/> NARCOTICS <input type="checkbox"/> SAFE <input type="checkbox"/> BY <input type="checkbox"/> <u>N/A</u>																																		
EVIDENCE HELD: <table border="0"><tr><td><input type="checkbox"/> BLOOD</td><td><input type="checkbox"/> BULLET</td><td><input type="checkbox"/> BULLET CASING</td><td><input type="checkbox"/> CHECKS</td><td><input type="checkbox"/> CLOTHES</td><td><input type="checkbox"/> CREDIT CARDS</td><td><input type="checkbox"/> ELECTRONIC EQUIPMENT</td><td><input type="checkbox"/> FINGERPRINTS</td></tr><tr><td><input type="checkbox"/> FOOTPRINTS</td><td><input type="checkbox"/> FRAUD DOCUMENTS</td><td><input type="checkbox"/> GSR</td><td><input type="checkbox"/> HAIR</td><td><input type="checkbox"/> JEWELRY</td><td><input type="checkbox"/> MISCELLANEOUS</td><td><input type="checkbox"/> MONEY</td><td><input type="checkbox"/> NARCOTICS</td></tr><tr><td><input type="checkbox"/> OTHER PRINTS</td><td><input type="checkbox"/> PAINT</td><td><input type="checkbox"/> PHOTOGRAPHS</td><td><input type="checkbox"/> RAPE KIT</td><td><input type="checkbox"/> RECEIPTS</td><td><input type="checkbox"/> TOOLS</td><td><input type="checkbox"/> URINE</td><td><input type="checkbox"/> VEHICLE IMPOUNDED</td></tr><tr><td><input type="checkbox"/> VEHICLE PARTS</td><td><input type="checkbox"/> WEAPONS</td><td><input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td></tr></table>					<input type="checkbox"/> BLOOD	<input type="checkbox"/> BULLET	<input type="checkbox"/> BULLET CASING	<input type="checkbox"/> CHECKS	<input type="checkbox"/> CLOTHES	<input type="checkbox"/> CREDIT CARDS	<input type="checkbox"/> ELECTRONIC EQUIPMENT	<input type="checkbox"/> FINGERPRINTS	<input type="checkbox"/> FOOTPRINTS	<input type="checkbox"/> FRAUD DOCUMENTS	<input type="checkbox"/> GSR	<input type="checkbox"/> HAIR	<input type="checkbox"/> JEWELRY	<input type="checkbox"/> MISCELLANEOUS	<input type="checkbox"/> MONEY	<input type="checkbox"/> NARCOTICS	<input type="checkbox"/> OTHER PRINTS	<input type="checkbox"/> PAINT	<input type="checkbox"/> PHOTOGRAPHS	<input type="checkbox"/> RAPE KIT	<input type="checkbox"/> RECEIPTS	<input type="checkbox"/> TOOLS	<input type="checkbox"/> URINE	<input type="checkbox"/> VEHICLE IMPOUNDED	<input type="checkbox"/> VEHICLE PARTS	<input type="checkbox"/> WEAPONS	<input type="checkbox"/>					
<input type="checkbox"/> BLOOD	<input type="checkbox"/> BULLET	<input type="checkbox"/> BULLET CASING	<input type="checkbox"/> CHECKS	<input type="checkbox"/> CLOTHES	<input type="checkbox"/> CREDIT CARDS	<input type="checkbox"/> ELECTRONIC EQUIPMENT	<input type="checkbox"/> FINGERPRINTS																													
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<input type="checkbox"/> OTHER PRINTS	<input type="checkbox"/> PAINT	<input type="checkbox"/> PHOTOGRAPHS	<input type="checkbox"/> RAPE KIT	<input type="checkbox"/> RECEIPTS	<input type="checkbox"/> TOOLS	<input type="checkbox"/> URINE	<input type="checkbox"/> VEHICLE IMPOUNDED																													
<input type="checkbox"/> VEHICLE PARTS	<input type="checkbox"/> WEAPONS	<input type="checkbox"/>																																		

PROPERTY CODE	S-STOLEN R-RECOVERED L-LOST F-FOUND E-EMBEZZLED D-DAMAGED EV-EVIDENCE	RELEASED TO
(Use all applicable Codes, for example, if property is both Stolen and Recovered, Code is S/R)		
CODE	ITEM #	QUAN.
DESCRIPTION (include kind of article, trade name, identifying numbers, physical description, material, color, condition, age and present market value)		SERIAL #
VALUE		
<p>DEPUTY WHIPPLE AND I RESPONDED TO [REDACTED] PALM AVENUE REGARDING A DISTURBANCE CALL BETWEEN TWO WOMEN IN APARTMENT [REDACTED] (TAG 131). UPON OUR ARRIVAL AT THE LOCATION, WE WERE CONTACTED BY THE INFORMANT WHO DIRECTED US TO APARTMENT [REDACTED] THE INFORMANT SAID THE TWO WOMEN INSIDE THE APARTMENT WERE FIGHTING. WHEN WE ARRIVED AT THE APARTMENT, WE HEARD TWO WOMEN SHOUTING PROFANITIES AT EACH OTHERS INSIDE APARTMENT [REDACTED] APARTMENT [REDACTED] WAS LOCATED ON THE SECOND FLOOR [REDACTED] [REDACTED] WE STOOD IN FRONT OF THE DOOR AND I KNOCKED REPEATEDLY ON THE DOOR I YELLED "SHERIFF'S DEPARTMENT" AND ASKED THE PEOPLE INSIDE THE APARTMENT TO OPEN THE DOOR. A FEW SECONDS LATER, A FEMALE BLACK, WHO WAS LATER IDENTIFIED AS SUSPECT LISA FRAZIER, OPENED THE DOOR. SHE IMMEDIATELY LUNGED TOWARDS ME AND PUNCHED ME</p>		

PART I STATISTICAL INFORMATION

PROPERTY			TYPE OF PROPERTY		STOLEN	RECOVERED
TYPE OF PROPERTY	STOLEN	RECOVERED	JEWELRY		\$	\$
CLOTHING/FURS	\$	\$	LIVESTOCK		\$	\$
CONSUMABLE GOODS	\$	\$	LOCAL STOLEN VEHICLES		\$	\$
CURRENCY/NOTES	\$	\$	MISCELLANEOUS		\$	\$
FIREARMS	\$	\$	OFFICE EQUIPMENT		\$	\$
HOUSEHOLD GOODS	\$	\$	TV/RADIO/STEREO		\$	\$

VICTIM OF SEX CRIMES REQUEST FOR CONFIDENTIALITY

PURSUANT TO SECTION 293(a) OF THE CALIFORNIA PENAL CODE, YOU ARE INFORMED THAT YOUR NAME WILL BECOME A MATTER OF PUBLIC RECORD, UNLESS YOU REQUEST THAT IT REMAIN CONFIDENTIAL AND NOT BE A PUBLIC RECORD, PURSUANT TO SECTION 6254 OF THE GOVERNMENT CODE

I, _____ HEREBY (DO) (DO NOT) ELECT TO EXERCISE MY RIGHT TO PRIVACY

SCREENING FACTORS

YES	NO		YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. SUSPECT IN CUSTODY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. GENERAL SUSPECT DESCRIPTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. SUSPECT NAMED/KNOWN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. GENERAL VEHICLE DESCRIPTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. UNIQUE SUSPECT IDENTIFIERS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. UNIQUE M.O. OR PATTERN
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. VEHICLE IN CUSTODY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. SIGNIFICANT PHYSICAL EVIDENCE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. UNIQUE VEHICLE IDENTIFIERS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. TRACEABLE STOLEN PROPERTY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. WRITER / REVIEWER DISCRETION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. MULTIPLE WITNESSES

IN THE FACE WITH HER RIGHT HAND. THE SUSPECT THEN WRAPPED HER ARMS AROUND ME AND TRIED TO PUSH ME BACKWARDS TOWARDS THE STAIRCASE.

I FEARED THAT I WAS ABOUT TO FALL OFF THE STAIRS. AT THAT POINT DEPUTY WHIPPLE POSITIONED HIMSELF BEHIND ME AND HELPED ME TO MOVE AWAY FROM THE STAIRCASE. THE SUSPECT, DEPUTY WHIPPLE AND I FELL ON THE GROUND IN FRONT OF THE APARTMENT'S DOOR. I WAS HOLDING ON TO THE SUSPECT WHEN I FELL TO THE GROUND. WHILE THE SUSPECT WAS ON THE GROUND, I TOOK HER RIGHT ARM AND DEPUTY WHIPPLE TOOK HER LEFT ARM TRYING TO RESTRAIN HER. THE SUSPECT CONTINUED TO SHOUT PROFANITIES TOWARDS US AND REFUSED TO COOPERATE WITH OUR ORDERS. SHE WAS ALSO ACTING COMBATIVE BY TRYING TO KICK US, HOWEVER SHE WAS LAYING ON HER STOMACH AND WAS UNABLE TO MAKE ANY EFFECTIVE KICKS. DEPUTY WHIPPLE AND I FINALLY PULLED THE SUSPECTS ARMS BEHIND HER BACK AND HANDCUFFED HER WHILE SHE WAS ON THE GROUND.

THE SUSPECT COMPLAINED OF PAIN TO HER LEFT ARM AND SHOULDER. I THEN REQUESTED THE PARAMEDICS TO OUR LOCATION TO RENDER FIRST AID TO THE SUSPECT. THE SUSPECT WAS LATER TRANSPORTED BY AMBULANCE TO CEDARS SINAI HOSPITAL WHERE SHE WAS TREATED FOR HER INJURY. THE SUSPECT WAS THEN TRANSPORTED AND BOOKED BY DEPUTY BIAG [REDACTED] AT WEST HOLLYWOOD SHERIFF'S STATION FOR THE ABOVE LISTED CHARGE WITH THE APPROVAL OF THE UNIT WATCH COMMANDER, SGT WALKER.

FOR FURTHER INFORMATION SEE THE SUPPLEMENTARY REPORT BY DEPUTY WHIPPLE.

IT SHOULD BE NOTED THAT WE SPOKE WITH THE OTHER WOMAN WHO WAS INSIDE THE APARTMENT WITH THE SUSPECT DURING THE INCIDENT. SHE WAS IDENTIFIED AS [REDACTED] [REDACTED] SAID THAT SHE CAME TO THE SUSPECTS APARTMENT TO CUT HER HAIR, BUT THE SUSPECT ACTED VIOLENT AND FOUGHT WITH HER. ACCORDING TO [REDACTED] THE SUSPECT ASSAULTED HER SEVERAL TIMES BEFORE WE SHOWED UP AT THE APARTMENT. [REDACTED] WAS NOT SURE WHY THE SUSPECT WAS ACTING SO STRANGE. [REDACTED] COMPLAINED OF SEVERAL MINOR LACERATIONS ON HER CHEST AND FACE, BUT DECLINED ANY MEDICAL ATTENTION. I SAW SEVERAL MINOR LACERATIONS ON HER CHEST AND FACE THAT WERE SLIGHTLY BLEEDING. [REDACTED] WAS NOT DESIROUS OF PROSECUTION.

EMPLOYEE #

SH-R-49B (Rev 10/99)

CRIME ANALYSIS SUPPLEMENTAL FORM -- M. O. FACTORS

URN 406-03785-0977-145

AREA	TARGET NON-RESIDENTIAL	METHOD OF ENTRY TOOLS USED	SUSPECT PRETENDED TO BE
<input type="checkbox"/> AIRPORT	<input type="checkbox"/> AUTOMATED TELLER	<input type="checkbox"/> BODILY FORCE	<input type="checkbox"/> BUSINESS PERSON
<input type="checkbox"/> BEACH / OCEAN	<input type="checkbox"/> CASH REGISTER / DRAWER	<input type="checkbox"/> BOLT CUTTER	<input type="checkbox"/> CONVERSATION / BEFRIENDED
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> CLASSROOM / SUPPLIES	<input type="checkbox"/> BRICK / ROCK	<input type="checkbox"/> CUSTOMER
<input type="checkbox"/> CONSTRUCTION SITE	<input type="checkbox"/> COIN OP MACHINE	<input type="checkbox"/> CHANNEL LOCK / PLIERS	<input type="checkbox"/> DELIVERY PERSON
<input type="checkbox"/> DESERT	<input type="checkbox"/> DISPLAY ITEMS	<input type="checkbox"/> CUTTING INSTRUMENT	<input type="checkbox"/> FAMILY MEMBER
<input type="checkbox"/> DRIVEWAY	<input type="checkbox"/> OFFICE	<input type="checkbox"/> ELECTRONIC DEVICE	<input type="checkbox"/> FIND MONEY
<input type="checkbox"/> FREEWAY / HIGHWAY	<input type="checkbox"/> SAFE / BOX	<input type="checkbox"/> GLASS CUTTER	<input type="checkbox"/> HANDICAPPED
<input type="checkbox"/> GOLF COURSE	<input type="checkbox"/> SNACK BAR	<input type="checkbox"/> KEY	<input type="checkbox"/> LEND ASSISTANCE
<input type="checkbox"/> HARBOR	<input type="checkbox"/> STORAGE LOCKER	<input type="checkbox"/> PRY TOOL	<input type="checkbox"/> NEED ASSISTANCE OR EMERGENCY
<input type="checkbox"/> INDUSTRIAL WHOLESALE	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> SAW / BURN / DRILL	<input type="checkbox"/> NEED TOILET / PHONE / WATER
<input type="checkbox"/> MOUNTAINS / HILLS	<input type="checkbox"/> VESSEL	<input type="checkbox"/> SLIDE HAMMER	<input type="checkbox"/> OFFERED GOODS / SERVICES
<input checked="" type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> BICYCLIST	<input type="checkbox"/> SLIP DEVICE	<input type="checkbox"/> POLICE / SECURITY
<input type="checkbox"/> RIVER	<input type="checkbox"/> CUSTOMER	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> POSITION OF TRUST
<input type="checkbox"/> RURAL ISOLATED	<input type="checkbox"/> ELDER / SENIOR CITIZEN		<input type="checkbox"/> REPAIR PERSON
<input type="checkbox"/> SCHOOL GROUNDS	<input type="checkbox"/> DISABLED PERSON	SECURITY SYSTEM	<input type="checkbox"/> SALES PERSON
<input type="checkbox"/> SHOPPING CENTER	<input type="checkbox"/> OWNER / EMPLOYEE	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> SEEK EMPLOYMENT
<input type="checkbox"/> SIDEWALK	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> AUDIBLE ALARM	<input type="checkbox"/> SOLICIT DONATIONS
<input type="checkbox"/> STREET ALLEY	<input type="checkbox"/> TRANSIENT	<input type="checkbox"/> CAMERA	<input type="checkbox"/> UTILITY EMPLOYEE
<input type="checkbox"/> TRAIN RIGHT OF WAY / TRACKS	<input type="checkbox"/> VICTIM IN VEHICLE	<input type="checkbox"/> CRIME WATCH	
<input type="checkbox"/> VACANT LOT / OPEN FIELD		<input type="checkbox"/> DOG	
<input type="checkbox"/> WATER / LAKE		<input type="checkbox"/> FENCE / BARS	VICTIM WAS:
		<input type="checkbox"/> GUARD SERVICE	<input type="checkbox"/> ASKED TO POSE / MODEL
		<input type="checkbox"/> OPERATION ID	<input type="checkbox"/> BLINDFOLDED
		<input type="checkbox"/> OUTSIDE LIGHTING	<input type="checkbox"/> BOUND / GAGGED
		<input type="checkbox"/> SECURITY SIGN / STICKER	<input type="checkbox"/> BURNED
		<input type="checkbox"/> SILENT ALARM	<input type="checkbox"/> CUT / STABBED
		<input type="checkbox"/> SPECIAL LOCKS / DEADBOLT	<input type="checkbox"/> DISTRACTED
		<input type="checkbox"/> WINDOW BARS	<input type="checkbox"/> DRUGGED / SEDATED
			<input type="checkbox"/> EXPLOITED
			<input type="checkbox"/> FACE COVERED
			<input type="checkbox"/> FOLLOWED
			<input type="checkbox"/> FONDLED
			<input type="checkbox"/> FORCED TO DISROBE
			<input type="checkbox"/> FORCED TO FONDLE SUSPECT
			<input type="checkbox"/> FORCED TO LIE ON FLOOR
			<input type="checkbox"/> FORCED TO MASTURBATE
			<input type="checkbox"/> FORCED TO MOVE
			<input type="checkbox"/> FORCED TO ORALLY COPULATE SUSPECT
			<input type="checkbox"/> GANG RELATED
			<input type="checkbox"/> HANDCUFFED
			<input checked="" type="checkbox"/> INJURED / HIT
			<input type="checkbox"/> LOCKED IN
			<input type="checkbox"/> MADE TO COUNT
			<input type="checkbox"/> PINCHED
			<input type="checkbox"/> PISTOL WHIPPED
			<input type="checkbox"/> SHOT
			<input type="checkbox"/> SLAPPED
			<input type="checkbox"/> THREATENED
			<input type="checkbox"/> TORTURED / MUTILATED
			BIAS-MOTIVATED INCIDENT:
			RACIAL
			<input type="checkbox"/> ANTI - WHITE
			<input type="checkbox"/> ANTI - BLACK
			<input type="checkbox"/> ANTI - AMERICAN INDIAN / ALASKAN NATIVE
			<input type="checkbox"/> ANTI - ASIAN / PACIFIC ISLANDER
			<input type="checkbox"/> ANTI - MULTIRACIAL GROUP
			RELIGIOUS
			<input type="checkbox"/> ANTI - JEWISH
			<input type="checkbox"/> ANTI - CATHOLIC
			<input type="checkbox"/> ANTI - PROTESTANT
			<input type="checkbox"/> ANTI - ISLAMIC (MUSLIM)
			<input type="checkbox"/> ANTI - OTHER RELIGION
			<input type="checkbox"/> ANTI - MULTI RELIGIOUS GROUP
			<input type="checkbox"/> ANTI - ATHEIST / AGNOSTICISM
			ETHNICITY / NATIONAL ORIGIN
			<input type="checkbox"/> ANTI - HISPANIC
			<input type="checkbox"/> ANTI - OTHER ETHNICITY / NATIONAL ORIGIN
			SEXUAL
			<input type="checkbox"/> ANTI - MALE HOMOSEXUAL (GAY)
			<input type="checkbox"/> ANTI - FEMALE HOMOSEXUAL (LESBIAN)
			<input type="checkbox"/> ANTI - HOMOSEXUAL (GAYS & LESBIANS)
			<input type="checkbox"/> ANTI - HETEROSEXUAL
			<input type="checkbox"/> ANTI - BISEXUAL
			GENDER
			<input type="checkbox"/> ANTI - MALE
			<input type="checkbox"/> ANTI - FEMALE
			<input type="checkbox"/> ANTI - TRANSGENDER
			DISABILITY
			<input type="checkbox"/> ANTI - MENTAL DISABILITY
			<input type="checkbox"/> ANTI - PHYSICAL DISABILITY

STRUCTURE, RESIDENTIAL	POINT OF ENTRY / EXIT
<input checked="" type="checkbox"/> APARTMENT	<input type="checkbox"/> IN <input type="checkbox"/> EX FRONT
<input type="checkbox"/> CONDOMINIUM / TOWNHOUSE	<input type="checkbox"/> REAR
<input type="checkbox"/> CONVALESCENT HOSPITAL	<input type="checkbox"/> SIDE
<input type="checkbox"/> DUPLEX	<input type="checkbox"/> GROUND LEVEL
<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> UPPER LEVEL
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> ADJACENT BUILDING
<input type="checkbox"/> VESSEL / BOAT	<input type="checkbox"/> BASEMENT
	<input type="checkbox"/> DOOR / SCREEN
	<input type="checkbox"/> DUCT / VENT
	<input type="checkbox"/> FENCE / GATE
	<input type="checkbox"/> FIREPLACE
	<input type="checkbox"/> FLOOR
	<input type="checkbox"/> GARAGE
	<input type="checkbox"/> GLASS DOOR
	<input type="checkbox"/> HOUSE BEING FUMIGATED
	<input type="checkbox"/> LOUVRE
	<input type="checkbox"/> MAIL SLOT
	<input type="checkbox"/> PET DOOR
	<input type="checkbox"/> ROOF / SKYLIGHT
	<input type="checkbox"/> SLIDING GLASS DOOR
	<input type="checkbox"/> WALL
	<input type="checkbox"/> WINDOW / SCREEN
	VEHICLE ENTRY / EXIT
	<input type="checkbox"/> IN <input type="checkbox"/> EX CAMPER / SHELL / MOTORHOME
	<input type="checkbox"/> CONVERTIBLE
	<input type="checkbox"/> DOOR
	<input type="checkbox"/> DRIVER SIDE
	<input type="checkbox"/> HOOD
	<input type="checkbox"/> PASSENGER SIDE
	<input type="checkbox"/> SUNROOF
	<input type="checkbox"/> TRUCK BED
	<input type="checkbox"/> TRUNK
	<input type="checkbox"/> WINDOW
	<input type="checkbox"/> WINDOWING
	METHOD OF ENTRY
	<input type="checkbox"/> ATTEMPT ONLY
	<input type="checkbox"/> BODILY FORCE
	<input type="checkbox"/> CUT
	<input type="checkbox"/> HID IN BUILDING
	<input type="checkbox"/> KICKED
	<input type="checkbox"/> KNOB TWIST
	<input type="checkbox"/> LET IN / RUDE
	<input type="checkbox"/> LOCK BOX
	<input type="checkbox"/> LOCK CUT / BROKEN
	<input type="checkbox"/> LOCK PUNCHED
	<input type="checkbox"/> LOCK SLIP / KEY / PICK
	<input type="checkbox"/> NO FORCE
	<input type="checkbox"/> OPEN FOR BUSINESS
	<input type="checkbox"/> OPEN / UNLOCKED
	<input type="checkbox"/> PHONE
	<input type="checkbox"/> PRIED
	<input type="checkbox"/> REMOVED
	<input type="checkbox"/> SMASHED
	<input type="checkbox"/> TUNNELED
	<input type="checkbox"/> UNBOLTED GATE

SUSPECT ACTIONS
<input type="checkbox"/> ATE / DRANK ON PREMISES
<input type="checkbox"/> CASED LOCATION
<input type="checkbox"/> COSTUME / DISGUISE WORN
<input type="checkbox"/> DEFECATED / URINATED
<input type="checkbox"/> DEMAND NOTE USED
<input type="checkbox"/> DEMANDED DRUGS / MONEY / ETC
<input type="checkbox"/> DISABLED PHONE
<input type="checkbox"/> DISABLED POWER
<input type="checkbox"/> DISABLED SECURITY SYSTEM
<input type="checkbox"/> DISABLED VEHICLE
<input type="checkbox"/> EXCESSIVE FORCE
<input type="checkbox"/> FIRED WEAPON
<input type="checkbox"/> FONDLED SELF
<input type="checkbox"/> GRAFFITI
<input type="checkbox"/> HID IN BUILDING
<input type="checkbox"/> IGNITION PUNCHED
<input type="checkbox"/> JUMPED THE COUNTER
<input type="checkbox"/> KNEW LOCATION OF HIDDEN CASH
<input type="checkbox"/> MASK WORN
<input type="checkbox"/> MASTURBATED / EJACULATED
<input type="checkbox"/> PHOTOGRAPHED / VIDEOTAPED
<input type="checkbox"/> PILLOWCASE TAKEN / USED
<input type="checkbox"/> POLICE SCANNER USED
<input type="checkbox"/> RANSACKED
<input type="checkbox"/> RECORDED / LOGGED EVENTS
<input type="checkbox"/> RIPPED / CUT CLOTHING
<input type="checkbox"/> SELECTIVE PROPERTY TAKEN
<input type="checkbox"/> SMOKE
<input type="checkbox"/> TAKEOVER
<input type="checkbox"/> TOOK CONCEALABLES
<input type="checkbox"/> USED MULTIPLE WEAPONS
<input type="checkbox"/> VEHICLE USED TO REMOVE PROPERTY
<input type="checkbox"/> VANDALIZED
<input type="checkbox"/> VICTIM'S NAME USED
<input type="checkbox"/> VICTIM'S TOOLS USED
<input type="checkbox"/> WASHED CLOTHING / BEDDING
<input type="checkbox"/> WIPED SCENE AFTER CRIME

SUSPECT VEHICLES
<input type="checkbox"/> ALCOHOL ON BREATH
<input checked="" type="checkbox"/> ANGRY
<input type="checkbox"/> APOLOGETIC
<input type="checkbox"/> BAD BREATH
<input type="checkbox"/> BODY ODOR / UNUSUAL ODOR
<input type="checkbox"/> GANG-RELATED
<input type="checkbox"/> INTIMIDATED / COERCED
<input type="checkbox"/> NEVER SPOKE / QUIET
<input type="checkbox"/> POLITE / KIND
<input checked="" type="checkbox"/> PROFANITY
<input type="checkbox"/> QUOTES / UNUSUAL
<input checked="" type="checkbox"/> RAGE
<input type="checkbox"/> TRUST VIOLATION
<input type="checkbox"/> UNDER INFLUENCE

COUNTY OF LOS ANGELES-SHERIFF'S DEPARTMENT SUPPLEMENTAL REPORT

DATE: 06-06-06 FILE: 406-03785-0977-145
C: BATTERY ON A PEACE OFFICER, 243(b) P.C. ACTION: ADDITIONAL INFO/USE OF FORCE
V: DEPUTY ATABAKI [REDACTED]
D: _____
S: FRAZIER, LISA 11-25-64

NARRATIVE

The purpose of this report is to document my observations and use of force.

At 1840 hrs today (06-06-06), Deputy Atabaki (unit 91B1 [REDACTED]), and myself responded to a call of a disturbance between two women at [REDACTED] Palm ave. [REDACTED] in the city of West Hollywood. Upon approaching the location we heard two women screaming at each other. We knocked on the door however there was no response. After repeatedly knocking on the door the suspect quickly opened the door. The suspect immediately advanced towards Deputy Atabaki, screamed, "It's on bitch", and punched him once in the face. The suspect then wrapped her arms around Deputy Atabaki and began pushing him back toward the staircase leading down to the first floor. I immediately positioned myself between the staircase and Deputy Atabaki. As the suspect pushed forward we all fell to the ground. Once on the ground I was able to take hold of the suspect's left arm, Deputy Atabaki was able to take hold of the suspects right arm and we were able to pull her hands behind her back where we handcuffed her without further incident.

After handcuffing the suspect we rolled her on to her side, requested paramedics and a field supervisor. While we waited for paramedics to arrive the suspect began to scream incoherently and attempted to kick Deputy Atabaki numerous times.

The suspect was transported via ambulance to Cedars Sinai Medical Center, where attending physicians determined that she under an altered state due possibly to narcotics; and subsequently placed her in full restraints.

BY DEPUTY WHIPPLE [REDACTED]
APPROVED: Sgt. C. Norris [REDACTED]
ASSIGNED: WHD D. B.
SECRETARY: _____

VERIFIED BY:

WEST HOLLYWOOD STATION. "B" IN-SERVICE

TUESDAY

06-06-06

CODES: R = Response Team A = AR-15 Qualified 37 = Arwen Qualified G = Gas Qualified C = Camcorder Trained SS = Spike Strip Trained T = Stingsuit/Stunbat Trained B+BEE ALLERGY

VARIANCE

ALL DEPUTY OVERTIME FILLING IN BEHIND VACANCIES, USE 909 IN OVERTIME CODE BOX AND 909 S0042 IN

THE CONTROL NUMBER BOX. ALL OTHER OVERTIME (SPECIAL EVENTS, ETC), CHECK WITH W/SGT

[illegible]

Cedars-Sinai Medical Center
Emergency Department
8700 Beverly Blvd.
Los Angeles, CA 90048
(310) 423-8600
06/06/2006 22:30

Patient Name: Frazier, Lisa

DOB: 11/25/1964 Age: 41 Sex: F

Emergency Center - Red

Return to Work/School Statement

This is to certify that Lisa Frazier was
in the Cedars-Sinai Medical Center
Emergency Department

From: 06/06/2006 19:36
Until: 06/06/2006 22:30

Lisa Frazier Medically cleared for
booking on 06/06/2006

Note: need to f/u orthopedist 1-2 days/

Signature: _____

CEDARS-SINAI MEDICAL CENTER

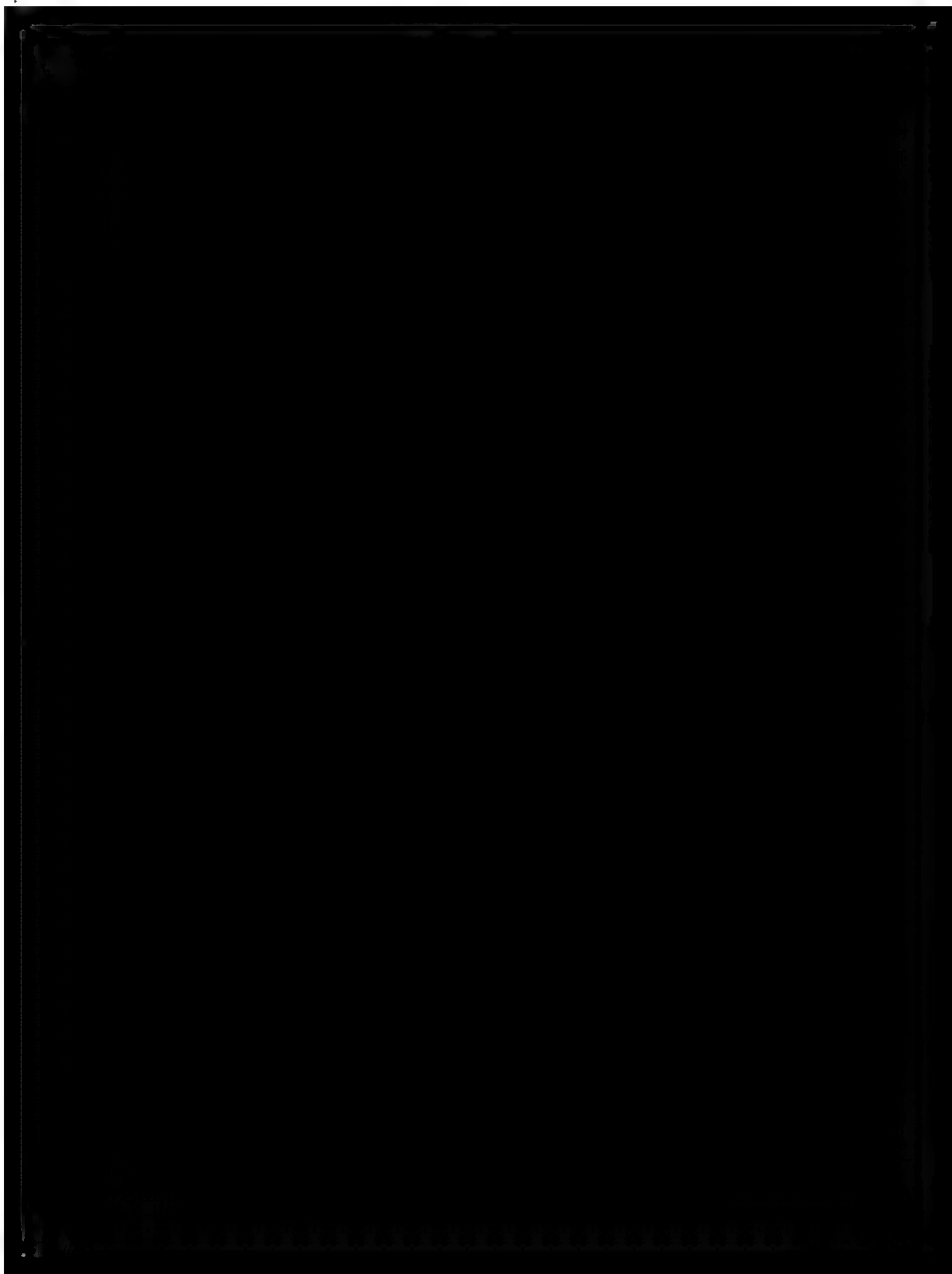
Emergency Department

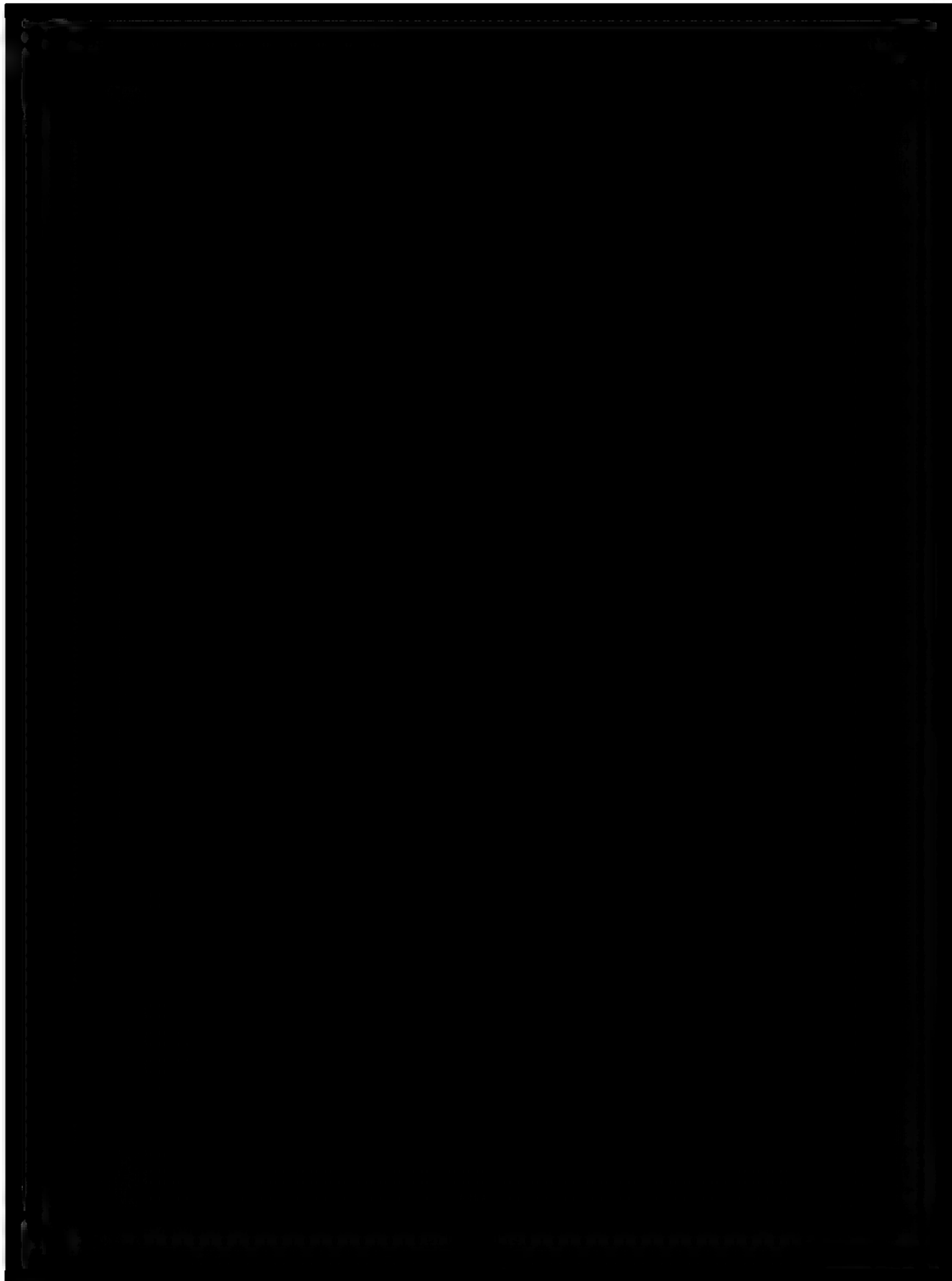
General Acute Care, Lic. 930000110

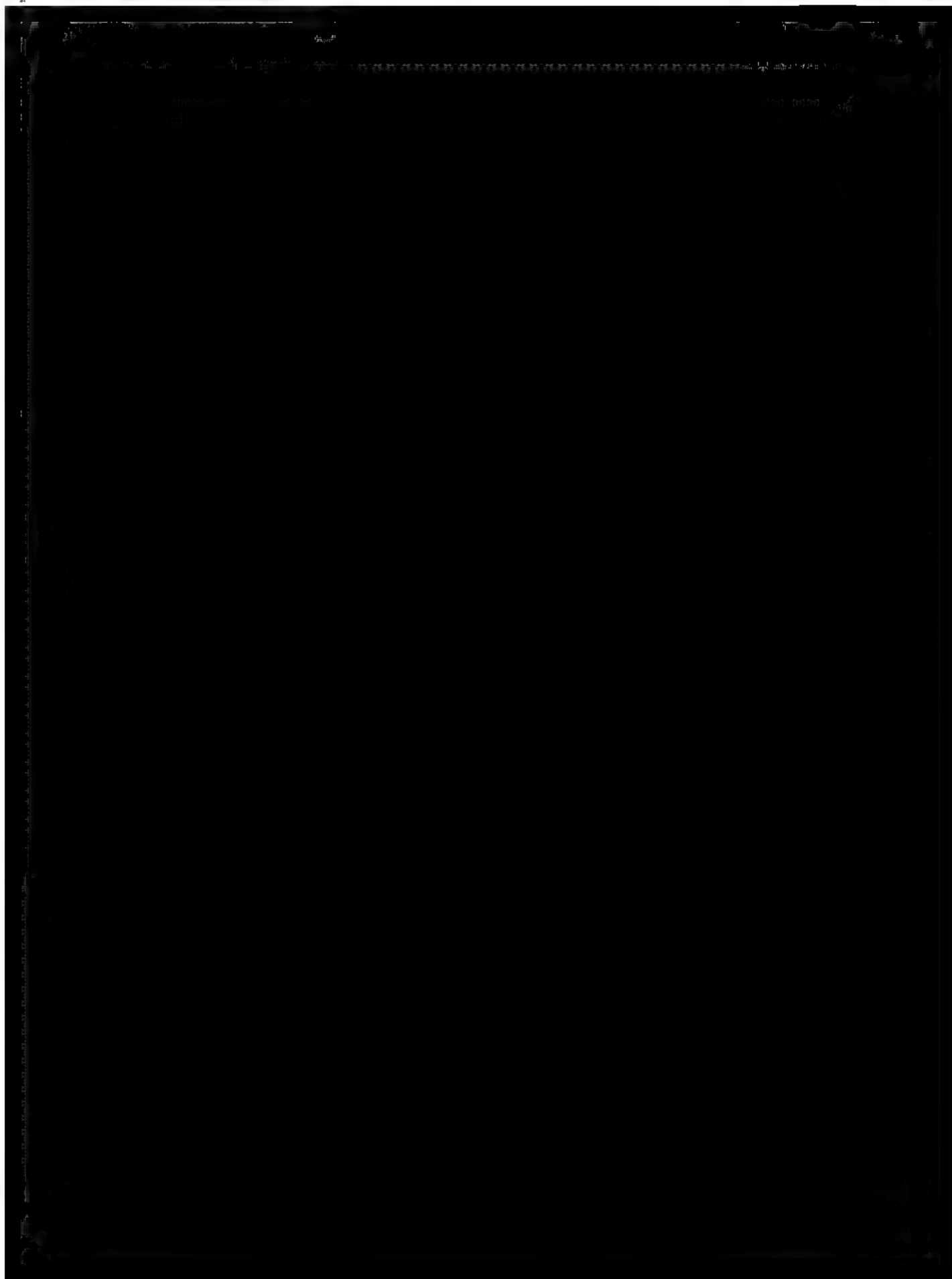
8700 Beverly Boulevard

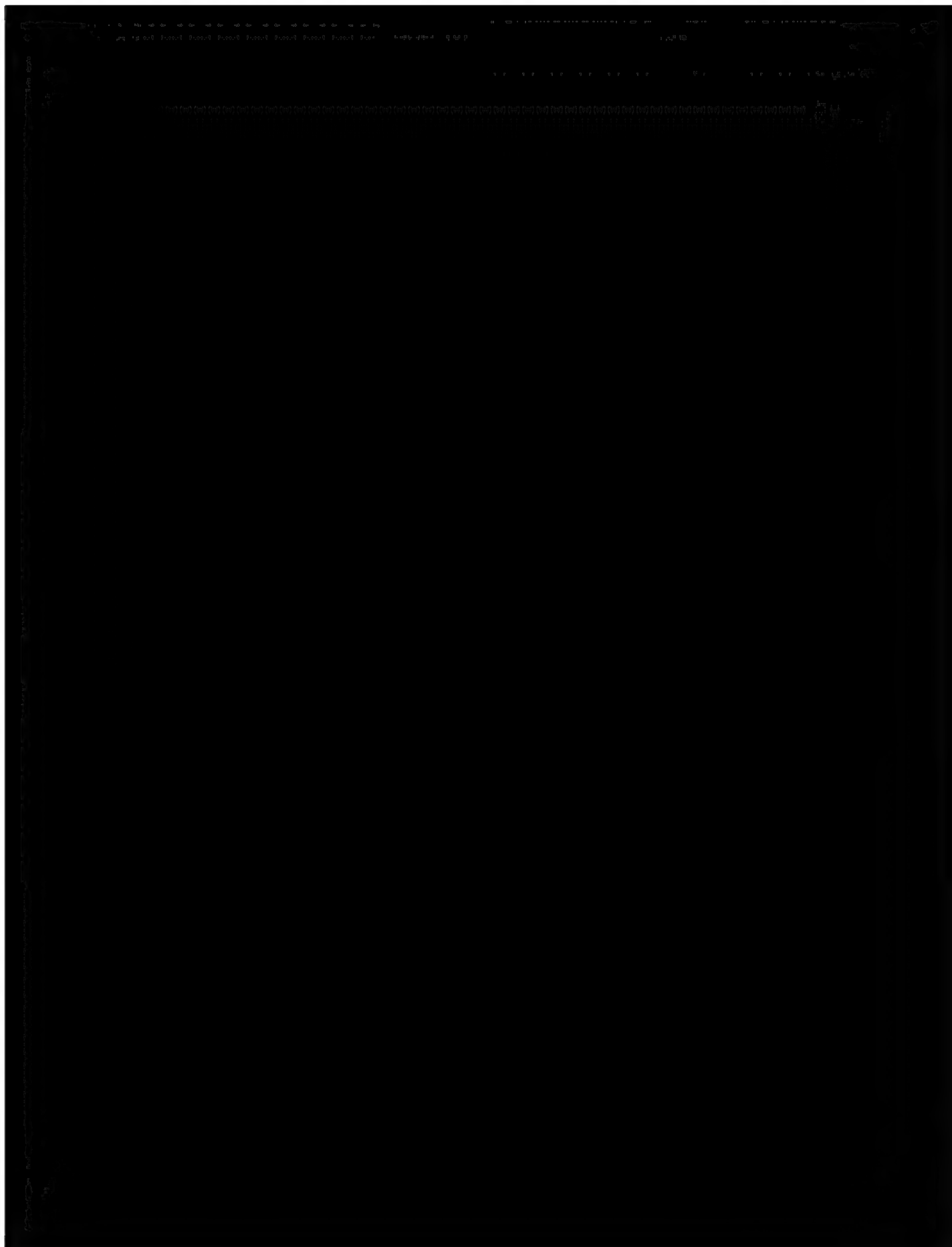
Los Angeles, CA 90048

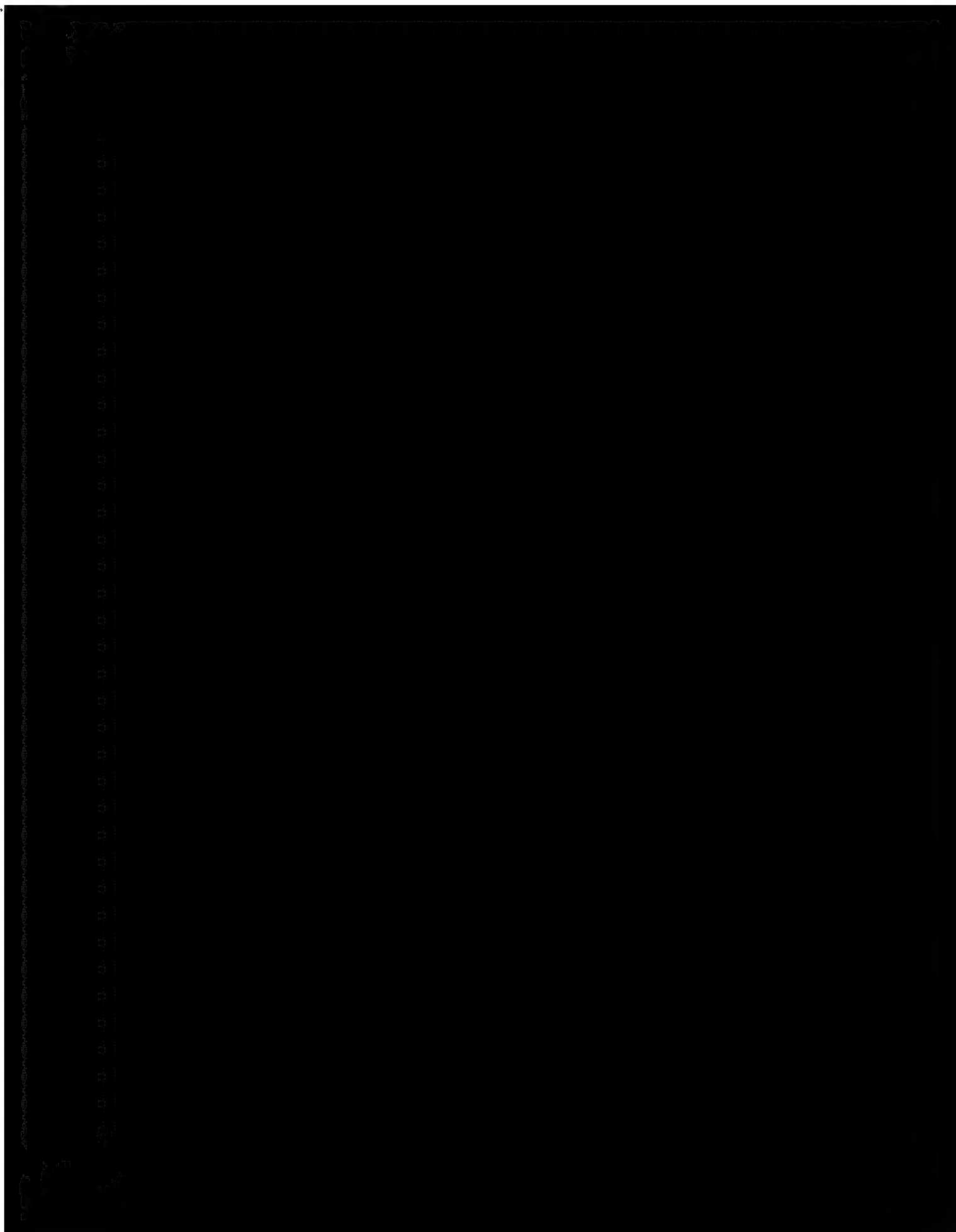
Tel. (310) 423-8600

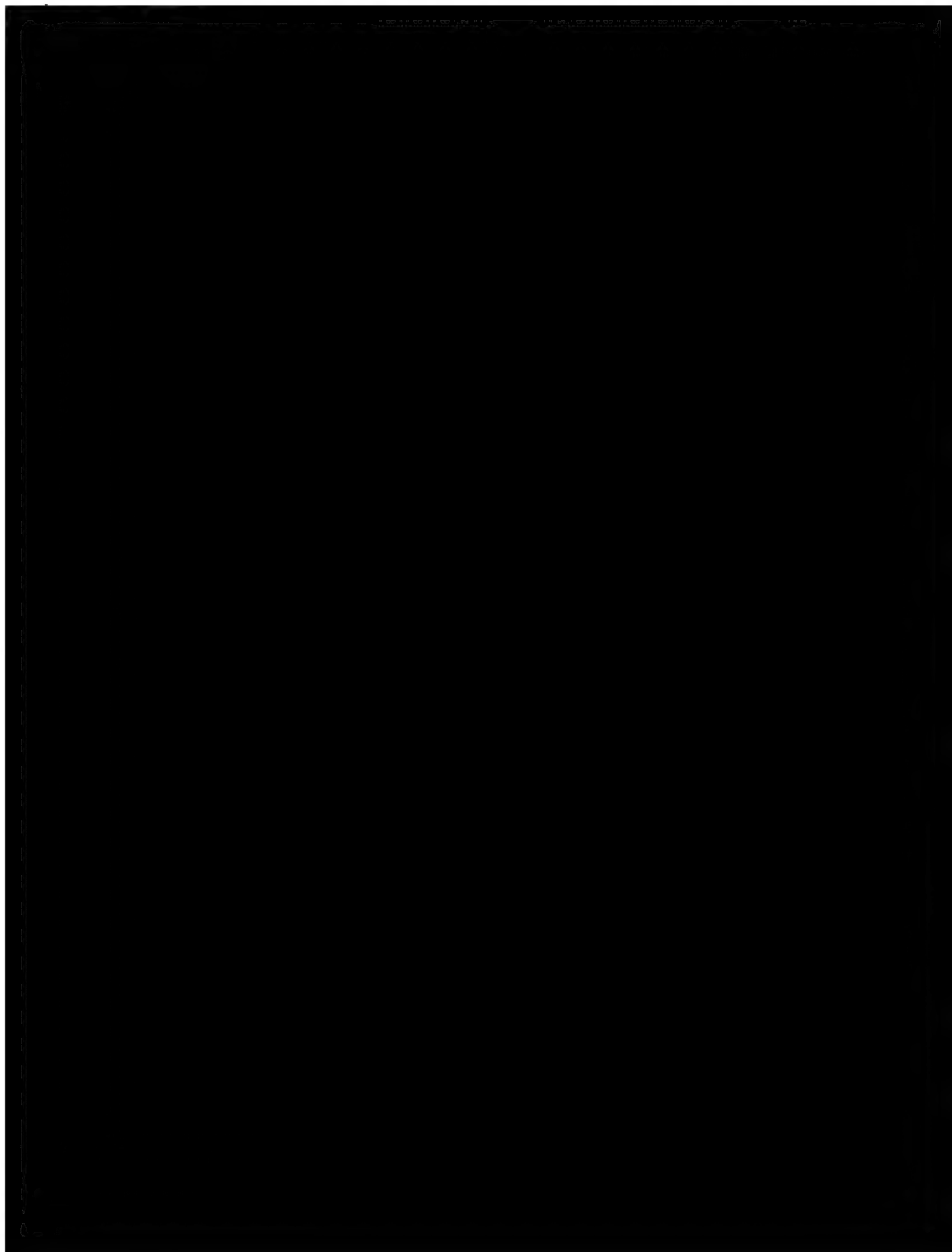












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